STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)2)3) 300.1210d)5) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

2) All treatments and procedures shall be administered as ordered by the physician.

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These Regulations were not met as evidenced by:

Based on observation, interview and record review the facility failed to follow physician orders and recommendation, follow resident plan of care and follow facility policy and or protocols for pressure ulcers. This failure resulted in R5's stage 2 pressure ulcer, the size of depth increasing to a stage 3 pressure ulcer, which required the need for further treatment. This failure also resulted in R2 having stage 3 facility acquired pressure ulcer. This affects two residents (R2 and R5) in a total sample of 6 residents reviewed for skin integrity.

Finding Include
According to Wound Care Specialist Evaluation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

note date 9/23/15, done by Z6 (Wound Care Doctor), R5 has a pressure ulcer on right buttock at a stage 2 that measures 4 x 3 x (not measurable) cm (centimeters) and a surface area of 12.00 cm2 and recommendations are to limit siting to 60 minutes, off-load wound, reposition per facility protocol and apply Silver Absorbing Agent-Once Daily, Dry protective Dressing daily.
On 10/7/15 Wound Specialist Evaluation note per Z6 has an area to right buttock is an unstageble (due to necrosis) of at least 14 days duration. Surgical excision debridement of muscle. Measurements of 4 x 3 x (not measureable) cm and surface are of 12.00 cm2 and no change in wound progress with change in treatment for Santyl and Calcium Alginate once daily with dry protective dressing.
On 10/14/15 Wound Specialist note, per Z6, has area to right buttock has an unstageable necrosis pressure are of over 21 days duration. Measurements of 3.5 x 3 x 0.9 cm and surface is 10.50 cm2. States unstageable due to necrosis continue once daily Santyl and Calcium Alginate with dry protective dressing.
On 10/19/15 at 9:30 AM, prior to E5 RN (Registered Nurse/wound nurse) treatment to R5 wound was visualized to be approximately 3.5 x 4.0 x 2.5 cm with a surface area of 12.00 cm2.
On 10/22/15 at 10 AM, E5 stated that she had measured R5's wound to his right buttock the day before on 10/21/15 because Z6 had not been able to observe and assess the area because R5 had been out of the building during his rounds. E5 stated the measurement she had gotten for R5's area to his right buttock on 10/21/15 was 3.5 x 4.3 x 2.5. When asked if E5 had assessed surfaced area she stated no because she had never really been trained on how to do that and was not comfortable with how that was to be done at this time, so she usually just went by Z6's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

measurements. E5 also confirmed that prior to surveyor discussing with Z6 preference of cleaning product of normal saline instead of wound cleanser she was not aware of this. E5 stated she was not aware of Z6 preference and was not aware it changed the PH of the wound and was in the process of changing all the treatment orders to reflect that they are to be cleaned with normal saline instead of the wound cleanser she had previously been using.
According to R5' s Treatment order dated 10/21/15 per Z6 he is to have area on right buttock cleansed with normal saline, pat dry, apply Santyl and Gentamycin 0/1% ointment and Calcium Alginate, cover with dry protective dressing. Change two times a day and as needed.
According to the 10th Edition Drug Information Handbook for Nursing 2009, Gentamicin is a medication that is in the pharmacological category of a topical antibiotic.
On 10/19/15 at 9:30 AM, E5 RN (Registered Nurse/wound nurse) was doing ordered treatment to R5 right ischium. R5 had no dressing on his pressure ulcer when E5 went to do ordered treatment. E5 stated the nursing assistance is to make nurses aware if the dressing falls off so it can be replaced immediately. E5 stated she did not know how long R5 had been without his dressing but stated R5 was soiled. R5 had feces noted around the borders of the wound bed. R5 took 4 x 4 gauze and wiped several times on ones side of the wound bed with gauze and stated he is oozing BM and I need to try to clean it some. E5 stated that R5 has a tendency to ooze stool and feces and at times it is difficult to keep his dressings and skin clean and dry. During this E5 was noted to wipe feces across the edge of the wound bed and into the wound bed. E5 then did not maintain a clean area during the process

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

and failed to put down a barrier between the clean treatment supplies and R5's bedding and on the top of the treatment cart. E5 placed a plastic medicine cup with calcium alginate, santyl and tongue depressor, 4x4 gauze, abdominal dressing, scissors and tape on top of R5's contaminated bed linens. E5 then proceeded to do R5 ordered treatment with the contaminated items. E5 also had a bottle of wound cleanser that E5 had touched with feces-dirty gloved hand and then proceeded on multiple occasions to spray and then wipe and or re-touch the pressure ulcer during the procedure as well at treatment items after use, thereby, re-contaminating on multiple occasions. This same bottle of wound cleanser had also been handled by R5's feces contaminated hand and at no time was it cleaned after and was then placed back on top of treatment cart and at no time was cleaning of this area noted after. E5 also brought her treatment cart into the room from out into the hallway and on multiple occasions with her gloved hands opened the draws and grabbed supplies such as 4x4 gauze, santyl, calcium alginate abdominal dressing, medicine cup, tongue depressor, thereby contaminating her supplies. E5 was also noted to place tape on top of the outside surface of the pressure area when she secured the dressing.

On 10/20/15 at 8:20AM, R5 was in the Dining Room Area in his wheelchair, at 9:00 AM he was in the hallway in wheelchair, at 9:30 AM and 9:50 AM he was in his doorway to his room up in his wheelchair and at 10:15 AM R5 remained up in his wheelchair. R5 was up on area for at least 115 minutes and the wound specialist recommendation is for no longer than 60 minutes.

On 10/15/15, 10/19/15 and 10/20/15 there are multiple observations where R5 is not on a specialized Low Air Loss Mattress.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

On 10/21/15 at 9:50 AM, Z6 (Wound Doctor) stated he had been treating R5 for the pressure on his bottom. Z6 stated at the present it was unstageable but had originally started as a stage 2 pressure ulcer. Z6 stated it was very important for R5 to stay off of the area as much as possible, preferable in bed to help keep the pressure off of the area. Z6 stated CNA (Certified Nursing Assistant) need to notify the nurse as soon as possible when a dressing falls off because it needs to be cleaned and covered to help prevent infection and help with wound healing. Z6 stated during interview that he would have expected R5 to have already have been on a low air loss mattress and that it would possible end up at a stage 4 pressure ulcer and infected if good care was not taken. Z6 stated that because R5's pressure area is so near the anal opening it is even more important good incontinence care is given, soiled dressings are changed as soon as possible and if a dressing is off then the area needs to be covered or the area is not going to improve but get worse. Z6 stated any time there is a change the nurse should be making him aware or the primary care physician but he is available all the time. Z6 stated if a nurse is not sure about a treatment or how to clean or the order they should always call and clarify. Z6 stated his preference for wound cleansing wound be normal saline because the wound cleansers tend to change the PH of the wound which can cause more problems with wounds. Z6 stated that if wound are contaminated with urine or feces they are likely to become infected and require treatment with antibiotic therapy. Z6 stated that with pressure ulcers the most important things are to keep the treatment in place, keep the area clean and dry, provide proper nutrition, provide turning and reposition or off area as needed and provide a low air loss mattress. Z6 also stated it

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7	S9999		

is important to remember with the use of a low air loss mattress to use it correctly and multiple layers of padding causes it to be ineffective as well as the adult briefs, this is why staff must check and change often. Z6 stated there seemed to be issues with staffing and leadership recently. On 10/20/15 at 9:45 AM, E5 stated she had only been the wound nurse since August 2015. E5 stated she did not feel she had a whole lot of training except to go over a manual and some information with E3 RN/RCD (RN/Regional Corporate Director) and that was only one day. E5 stated she had had no formal wound training and was not wound certified. E5 stated nursing is to measure wound when they are first are found or reported, then weekly then as they are needed. E5 stated if Z6 is see the resident she usually just uses his measurements. E5 stated weekly skin checks are to be documented on the residents TAR (Treatment Administration Record) but she as well as many of the other nurse have not been doing this recently, probably the last 4 weeks. E5 stated there had been a problem with treatments for at least 3 weeks. E5 stated there had been several occasions when she would come in on a Monday after working on a Friday and her wound dressing from the previous Friday would still be there or the resident would not have any dressing. E5 stated she had made the administrator and the Director of Nursing aware of these concerns at least two weeks ago when it first became an issue. E5 stated that if treatments are not getting done then they are never going to get better and she was concerned and as the treatment nurse she wanted to make sure thing were improving. E5 stated there were times other staff (E16, E17 RN and E18 LPN (Licensed Practical)) might find something on a resident on evenings or a weekend and not call the doctor but instead leave her a note in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8	S9999		

treatment book and she would have to take care of it the next day or Monday morning. E5 said she knew this is not how things were supposed to be done but she never said anything to the other nurses. E5 stated there are also times the other nurses won't or don't know how to do measurements so she has to go behind them and do them when she isn't the one that found it originally. E5 stated the nursing aids are to let the nurses know if a treatment needs to be done, if a dressing is off and needs replace or if the resident has a new skin area. E5 stated she thought the problem was the facility is short staffed, there is lack of staff education and some staff does not understand the expectation.
On 10/19/15 at 2:15 PM, E4 (Registered Nurse/Vice President of Clinical Services) stated when wound treatments are done the nurse should not wipe over the same area with the same surface more than one time, the nurse should have barriers between clean and dirty, if a dressing is off or coming of the staff should notify the nurse and it should be changed or replaced immediately, there should be specific orders of how to clean the wound and if the nurse is not sure the doctor should be contacted. E4 also stated that if urine or feces gets into a wound it would be contaminated and increase risk for infection. E4 stated treatment carts should not be taken into rooms because they are not clean and staff should just take in what they need. E4 stated doctors' orders and recommendations should be followed and addressed on the resident's plan of care. Confirmed she had seen where in the month of October 2015 there were blank areas on multiple residents TAR (Treatment Administration Record) specifically on the weekend. E4 confirmed this would indicate these treatments were not completed. E4 stated the staff should do the treatment by the physician

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9	S9999		

order then sign off that it was done by putting their initials and if it was not done they should not mark it. E4 stated if a treatment does not get done for any reason then the physician should be made aware. E4 stated each resident is to have a weekly skin assessment as this is also to be documented on the TAR and there is to be and initial on the front of the sheet and on the back there should be some kind of narrative even if it stated there are no areas of concern or no skin issue, no open areas, etc.

According to R5 Care Plan with Initiation date of 11/27/15 he is at risk for pressure ulcer/skin impairment related to mobility, problems with friction and shearing, dribbling at times during urination and probable nutritional risk and open area on right buttock pressure related and the goal is that he will be free from skin impairment. Interventions include: Provide pressure redistribution surface to bed, follow facility protocols for treatment of injury, treatments as ordered, monitor for signs and symptoms of infection. Wound doctor recommendations for only 60 minutes of time up in wheelchair are not found nor are preferences for cleansing agents.

According to the facility policy titled Preventative Skin Care with review date of 1/14 it states the policy is to provide preventative skin care through repositioning and careful washing, rinsing, drying, and observation of the resident's skin condition to keep them clean, comfortable, well groomed and free from pressure ulcers. Maintain wrinkle free, clean, dry bed linen. Keep incontinent residents clean and dry.

According to the facility policy titled Decubitus Care/Pressure Areas with review date of 1/14 the policy is to ensure a proper treatment program has been instituted and is being closely monitored to promote healing of any pressure ulcer, once identified. Under Procedure: Upon identification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 10	S9999		

of skin breakdown the following will be completed: the pressure area will be assessed and documented, complete all areas of wound assessment: size, depth, drainage, color, odor, and treatment. Notify the physician for treatment orders. The physician's orders may include: type of treatment, frequency treatment is to be performed, how to cleanse, site of application, no as needed order is acceptable for a pressure ulcer. The order must have specific frequencies. Initiate physician order on treatment sheet.

According to R2's Wound Specialist Initial Evaluation dated 10/14/15 done by Z6 the resident has a stage 3 pressure ulcer on her right buttock that is greater than 3 days in duration and is 3 x 1.5 x 0.1 cm with a surface area of 4.50 cm2 with orders for collagen dressing every two days, clear occlusive dressing with calcium alginate. Also a stage 2 pressure ulcer to left buttock that is more than 3 days in duration and is 0.5 x 1 x not measurable cm and a surface area of 0.50 cm2 and is to have silver sulfadiazine with hydrogel daily with a clear occlusive dressing once daily.
According to R2's Care Plan with initiation date of 2/27/15 she is at risk for pressure ulcer/impaired skin integrity related to decreased mobility and bowel/bladder incontinence and requires extensive/total assist with toileting. On 10/14/15 has open area to left and right buttock that are pressure related. R2's goal is that she will have intact skin, free of redness, blisters or discoloration. Under intervention states monitor/document/report to the doctor as needed changes in skin; to educate the resident/family/caregivers as to causes of skin breakdown; including: transfers/positioning requirements; importance of taking care during

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 11	S9999		

ambulating/mobility, good nutrition and frequent repositioning, monitor nutritional status, serve diet as ordered. R2 also has a focus area that she is at risk for nutritional impairment related to impaired cognition and needs staff assistance with consumption and has to be fed by staff and she is also at risk for dehydration related to dependence for fluids and impaired cognitions and the goal is that she will not have any significant weight changes. One of the interventions include for the registered dietician to evaluate and make diet change recommendations as needed. R2's last review for this care plan was 8/9/15.
According to R2's weight log on 8/7/14 she weighed 167.6 lbs. (pounds) and on 8/11/15 she weighed 144 lbs. which is a 23.6 lbs. weight loss in a year. However according to the dietary supervisor note dated 8/24/15, R5 is only down 20 lbs. in the last year and will continue to monitor and refer to dietician as needed.
On 10/22/15 at 10:15 AM, E22(Dietary Supervisory) confirmed she had not been made aware of R2's pressure ulcers until 10/19/15 when the surveyor had brought it to her attention, when it was discussed with the Care Plan Coordinator(E9). E22 stated she was not aware of R2's pressure ulcers when they were put on the Care Plan on 10/14/15 or she would have at least started R2 on supplement of arginade and made the Registered Dietician aware so she was aware and could evaluate her if needed.
According to R2's Skin Monitoring: Comprehensive CNA (Certified Nursing Assistant) Shower Review dated 9/2/15, 9/12/15 and 9/19/15 she had reddened areas on both the right and left buttock at this time. According to documents cream was only applied on 9/19/15. Each of these documents are signed that nurses assessed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 12	S9999		

According to R2's TAR (Treatment Administration Record) for September 2015 there are no weekly skin checks done but were to be done on the 7 PM- 7 AM shift on Wednesday or Saturday.
There is an order to wash buttocks with soap and water, pat dry, apply zinc oxide daily as needed, however no documentation this treatment was ever administered. There is no documentation on this or in the nursing notes or in R2's chart that any physician was aware of any skin redness or irritation noted by the CNA's or that the nurses made the physician aware of R2's skin breakdown or impaired skin integrity.
According to R2's Skin Monitoring: Comprehensive CNA Shower Review dated 10/7/15 she has redness on both the right and left buttock. E11 RN (Registered Nurse) has signed this on 10/8/15 and the intervention is that it was forwarded to the treatment nurse.
According to R2's POS (Physicians Order Sheet) she did not receive orders for her redness noted on the 10/7/15 shower report until 10/9/15. At this time it is only identified at redness. No corresponding nursing notes can be found for these orders.
According to R2's October TAR weekly skin checks are initialed on 10/1/15 and 10/8/15 however no documentation as to the finding could be found on this document or in R2's chart.
On 10/20/15 at 2:30 PM, Z5 (Primary Care Physician) stated he had been made aware R2 had a pressure area with open area but he had not seen it but that is why he had referred it to Z6 (wound doctor) because that is why he utilizes him.
On 10/21/15 at 9:50 AM, Z6(Wound Doctor) stated the first time he saw R2's pressure ulcer it was already open and he could not tell when it was originally open. Z6 stated that most time pressure ulcers that are at a stage 1 present as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 13	S9999		

reddened not blanchable areas. Z6 stated a lot of time these are areas that people just think are areas of excoriation and redness but they are actual pressure ulcers at a stage 1. Z6 stated staff should measure these when they are found and then if they have open areas they should measure the open areas when they are found. Z6 stated he preferred nursing not use gauze with the silvadene and hydrogel treatments that are covered with the occlusive dressings.
Review of R2's chart and documents shows no information where facility staff identified or measured or notified physician of the open areas on her buttocks. First measurements of open areas for R2 are done by Z6 on the day he first saw the area.
On 10/15/15 at 1:10 PM, E13 and E8 (CNA's) put R2 in bed. R2 was incontinent of urine and they placed her in bed on a low air loss mattress. The low air loss mattress was noted to have a tight fitted sheet on it and a sheet folded in fourths and a cloth incontinent pad over it. The dressing over stage 3 pressure ulcer on right buttock cheek was noted to be rolled partway off and back/coming off and exposing over a fourth of the wound bed. The dressing over the stage 2 pressure on the left buttock was also off at the corner with a small section uncovered. During incontinence care E13 was observed wiping urine over the exposed/open area of the wound. E13 also took urine soiled gloved and tried to re-cover dressing to right buttock with the soiled dressing unsuccessfully. E13 also did not change gloves after she finished her incontinence care and continued to provide care and contaminate all clean items with the soiled gloves (bed, linens, gown, chair, resident, bedside table, sit-to stand transfer lift, curtain, positioning pillows, bolster pillow etc).
On 10/15/15 at 3:45 PM, when asked E5(Wound

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 14	S9999		

Nurse) if any staff had made her aware that R2's dressings were coming off when put to bed at 1:10 PM she stated " No " E5 confirmed stated staff are to make her aware if dressing are coming off as soon as they know.
On 10/15/15 at 4:00 PM E5 was doing R2's treatment after being made aware by surveyor that the dressing was coming off and when she went to cleanse area. E5 used an incontinence wipe with aloe. When questioned, E5 stated that she had always used these that she just thought she had to get the area clean and this was ok. When asked if she had got clarification with any doctor she stated she had not thought about it. According to R2's TAR states to right buttock apply collagen and calcium alginate. Cover with clear occlusive dressing change every 2 days. Left buttock apply silverdene and hydrogel cover with clear occlusive dressing. Treatment is signed off as are done every day and no doctor notification as to why or need for clarification. During treatment, E5 did not remove dirty gloves at any time, instead she used those same gloves during the entire process to both remove the dirty, clean and apply new dressing for both the right and left pressure ulcers. E5 was also noted to place 2 x 2 gauze over the silvadene and hydrogel mixture on the left buttock prior to placing the clear occlusive dressing. E5 stated she did this because these dressing seemed to fall off easy with this treatment and it usually worked a little better if she put the gauze on. When asked E5 if the doctor was aware of the concern she stated " No ". During R2's treatment E5 had no barriers down between the residents bedding the treatment supplies. E5 also wiped over the wound bed multiple times with the same surface there by contaminating further.
On 10/19/15 at 10:30 AM, R2 was in bed on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 15	S9999		

low air loss mattress with fitted sheet, flat sheet folded in fourths and a cloth incontinence pad between the mattress and R2.
On 10/20/15 at 3:00 PM, R2 was in bed on her low air loss mattress and had on a fitted sheet, flat sheet folded in fourths, cloth incontinence pad and disposable incontinent brief between the R2 and the low air loss mattress.
On 10/19/15 at 11:30 AM, E6 LPN (Licensed Practical Nurse) stated she had not done R2's treatment either this past Saturday (10/17/15) or Sunday (10/18/15) because she had been too busy and there had been too little staff to get everything done. Review of R2's TAR for these dates had E6 documenting that she did the treatments for these days. No documentation can be found in R2's chart that the physician was made aware that these treatments were not done and corresponding recommendations or orders.
On 10/20/15 at 11:00 AM, E2 RN/DON (Registered Nurse/Director of Nursing) stated E5 (wound nurse) had made her aware about 2 weeks ago that the treatments were hit or miss and biggest issues seems to be during the weekend. E2 stated there are issues with staffing, staff education and training. E2 stated stage 3 pressure ulcers do not happen overnight and not sure why measurements are not available until the one that are present with wound doctors' assessment.
On 10/21/15 at 2:50 PM,E8 CNA, stated that they have been short nursing and CNA staff in the last 3-4 weeks and it is worse on the weekends. Stated there have been times he has left work on Friday and will see same dressing on resident the following Monday when he returns after weekend off. E8 stated had specifically seen this with R2. E8 stated treatments and dressings seem to be done hit or miss but is better if showers get done but in last 4 weeks showers have not been

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 16	S9999		

getting done due to short on staff. E8 stated, " E6 (LPN) is bad about not doing treatments for resident and she just doesn't seem to want to do them". E8 stated, " E17 (RN) will do them at times and then there are times she either won't have time or just won't do them". E8 stated he will tell the nurses about resident skin issues and they will just wait and tell E6 (wound nurse) instead of taking care of it when they find out about it.
On 10/21/15 at 9:50 AM, Z6 stated he would want to be made aware if a treatment was not done for any reason.
On 10/20/15 at 2:30 PM, Z5 stated he should always be made aware if a treatment is not done or medication is not given.
On 10/19/15 at 2:15 PM, E4 RN/VPCS stated if treatments are not done then nurses are always to make the doctor aware. If they are not done then the TAR should not be signed and this would be a matter of falsification of documentations and absolutely not acceptable. Stated areas are to be measured when found not wait for wound nurse and any nurse can do measurements and should and should assess any area of skin breakdown. E4 stated weekly skin checks have not been done correctly. E4 stated there is not to be multiple layers of padding on low air loss mattress or tight fitted sheets because air cannot redistribute which is the purpose of these.
According to the Physician Medication Order policy with a revision of 1/15 it states the policy is the medication shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medication in this stated. Under Policy Interpretation and Implementation states all drug and biological orders shall be written dated and signed by the person lawfully authorized to give such and order. Verbal orders for drugs and treatments shall be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001788	A. BUILDING: _____ B. WING _____	C 10/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNA REHAB & NURSING CENTER	315 SOUTH BRADY MILL ROAD ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 17 received by Licensed Nurses and Physicians. Verbal orders must be recorded immediately in the residents chart by the person receiving the order and must include the date and time the order was written. Orders must include: name and strength of the drug, quantity or specific duration of therapy, dosage and frequency of administration, route or administration if other than oral, reason or problem for which given. (A)	S9999		

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Imposed Plan of Correction

Anna Rehab and Nursing Center

Survey Date: 10/26/2015 **Complaint Investigation 1555655/IL80821**

300.610a)
300.1210b)
300.1210c)2)3)
300.1210d)5)
300.3240a)

Attachment B
Imposed Plan of Correction

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

2) All treatments and procedures shall be administered as ordered by the physician.

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

Section 300.3240 Abuse and Neglect

a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.* (Section 2-107 of the Act)

These Regulations will be accomplished by:

1. Resident assessments are to be reviewed to ensure that those residents who are at risk for wound or pressure sores have appropriate interventions on their care plans. Physician notification and treatment and services will be provided to promote healing.

2. Nursing Staff will receive education on necessary treatment and services: to promote healing, prevent infection, preventative devices administration and prevent new sores from developing. The need to follow Physician orders with proper documentation and care plan updates as needed.

3. Documentation of in-service training and preventative measures will be maintained by the facility.

4. The Administrator and Director of Nurses will monitor to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Ten (10) days from receipt of this notice.